Follow-up Health Questionnaire for Women (Version C: Spouse)

Last Updated May 8, 2001
File name: FCSP1203.wpd
This questionnaire is intended to be administered utilizing a CATI system. The following specific information will be available electronically prior to the start of the interview:

- Subject Name
- Gender
- FFHQ = not completed
- Birth Date
- Enrollment Year
- Current Date
- Current Time

In this document and when using the CATI system:

- LARGE CASE PRINT = instructions to the interviewer; do not read these to the respondent
- Shaded Areas = instructions to the programmer (will not appear on CATI screen); do not read to the respondent
- Underline = portions of the question to be verbally stressed by interviewer; will appear as bold text on CATI
- Bold = questions and introductory statements to be read to the respondent; will appear on CATI as regular text
- (Parenthesis) = clauses that the interviewer can choose to read or not to read, depending on the flow of the interview and the respondent’s grasp of the question
- < > = Interviewer will be reminded that the response is out of normal range and asked to verify.
- << >> = response range. Response edit check. Responses outside this designated range will not be accepted.

WHEN CONDUCTING AN INTERVIEW WITHOUT USING THE CATI SYSTEM, FILL IN:

- Respondent ID #__________________Name of Interviewer_________________________________________________________
- (Date of Interview____/____/____) Time Interview Started:___________ Time Interview Ended______________
- Call Result (on CATI): 1. Consent 2. Refuse 3. Applicator is deceased 4. Applicator chronically ill 5. Applicator is unable to participate because of language difficulties 6. Applicator is unable to participate for other reasons 7. Maxed
- MM DD YY

INTERVIEWER: CTRL F7 TO EXIT AND DO NOT SAVE.
Follow-up health questionnaire for women in the AHS - Version C
alternate questionnaire for women who did not complete a FFHQ
[TO BE COMPLETED BY SPOUSES WHO ENROLLED BY TELEPHONE AND THEREFORE DID NOT PROVIDE DATA FROM THE FFHQ. THE FEW WHO DID SEND IN A FFHQ AFTER INTERVIEW SHOULD GET VERSION A OR VERSION B, AS APPROPRIATE. WOMEN WHO ENROLLED BY COMPLETING A MAILED SPOUSE QUESTIONNAIRE (Q1B) BUT DID NOT COMPLETE A FFHQ SHOULD ALSO GET VERSION C.]

Now I'm going to ask you some general questions about your health and lifestyle.

1. How tall are you?
   S2_HGTFT ENTER # OF FEET _____ ___DK ___REF
   <5> <<1-7>>
   S2_HGTIN ENTER # OF INCHES _____ ___DK ___REF
   <<0-11>>

2. How much do you weigh now?
   S2_WEIGHT _______ (# of pounds) ___DK ___REF
   <90-300> <<1-997>>

3. How would you describe your use of cigarettes?
   S2_SMOKE_STATUS READ ALL RESPONSES
   1. Never a smoker ___DK
   2. Currently a smoker ___REF
   3. Former smoker

4a. During the last year, about how many drinks of beer, wine or liquor did you have on a typical weekend? (One beer, one glass of wine, or one shot of liquor counts as one drink.)
   S2_DRINK_WKEND _______ (Fill in) ___DK ___REF
   <0-12> <<0-97>>

4b. About how many drinks altogether did you have during the rest of the week?
   S2_DRINK_DURWK _______ (Fill in) [If Q4a and Q4b=00, Go to Q5a] ___DK ___REF
   <0-15> <<0-97>>
4c. During the last year, about how many times did you have 5 or more drinks on one occasion?
S2_DRINK_FVONE
______ times ___DK ___REF
<0-26> <<0-365>>

These next questions are about medical conditions you may have:

5a. Has a doctor or other health professional ever told you that you had a heart attack (or myocardial infarction)?
S2_MI
1. yes ___REF
2. no [go to Q5b] ___DK [go to Q5b]

5a1. How old were you when the doctor first told you that you had (this /a heart attack)?
S2_MI_AGE
_______ ___DK ___REF
<30-97 & LT or E current age> <<0-97>>

5b. Has a doctor or other health professional ever told you that you had an irregular heart beat (or arrhythmia)?
S2_ARRYTH
1. yes ___REF[go to Q5c]
2. no [go to Q5c] ___DK [go to Q5c]

5b1. How old were you when the doctor first told you that you had (this /an irregular heart beat)?
S2_ARRYTH_AGE
______ ___DK ___REF
<18-current age> <<0-97>>

5b2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?
S2_ARRYTH_MED
1. yes ___REF
2. no ___DK

5c. Has a doctor or other health professional ever told you that you had) high blood pressure or hypertension?
S2_HBP
1. yes ___REF[go to Q5d]
2. no [go to Q5d] ___DK [go to Q5d]

5c1. How old were you when the doctor first told you that you had (this /high blood pressure or hypertension)?
S2_HBP_AGE
_____ ___DK ___REF
<18-current age> <<0-97>>
5c2. Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?
S2_HBP_MED 1. yes ___REF
2. no ___DK

5d. (Has a doctor or other health professional ever told you that you had) diabetes or high blood sugar, other than when pregnant?
S2_DIABETES 1. yes ___REF[go to Q5e]
2. no [go to Q5e] ___DK [go to Q5e]

5d1. How old were you when the doctor first told you that you had (this/ diabetes or high blood sugar)?
S2_DIABETES_AGE ______ ___DK ___REF
<0-current age> <<0-97>>

5d2. Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?
S2_DIABETES_MED 1. yes ___REF[go to Q5e]
2. no [go to Q5e] ___DK [go to Q5e]

5d2a. Do you take insulin shots?
S2_INSULIN 1. yes ___REF
2. no ___DK

5e. (Has a doctor or other health professional ever told you that you had) thyroid disease or thyroid problems?
S2_THYROID 1. yes ___REF[go to Q5f]
2. no [go to Q5f] ___DK [Go to Signal Screen, then if DK go to Q5f]
SIGNAL SCREEN:

PLEASE PROBE FOR BETTER ANSWER:

Was it an overactive thyroid or hyperthyroidism problem like Grave’s Disease, or thyrotoxicosis?

IF NO:

Was it an underactive thyroid or hypothyroidism problem like Hashimoto’s Disease, or some other autoimmune disease?

IF NO:

Was it an enlarged thyroid, thyroid nodules or Goiter?

PRESS ENTER IF YES TO ANY OF THE ABOVE AND THEN SELECT YES FOR QUESTION
PRESS ‘S’ IF DK OR NO TO ALL OF ABOVE

5e1. Were you ever told you had an overactive thyroid (also called hyperthyroidism)?

5e1a. Was it due to Graves disease?

5e1a1. How old were you when the doctor first told you that you had (this /Graves disease)?

5e1a2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

5e1b. Was it due to thyrotoxicosis?
5e1bl. How old were you when the doctor first told you that you had (this /thyrotoxicosis)?

**S2_THYROTOX_AGE**

_________ ___  ___DK ___REF

<0-current age> <<0-97>>

5e1b2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

**S2_THYROTOX_MED**

1. yes ___REF
2. no ___DK

[all responses Go to Q5e2]

5e1c. Was there some other cause that was identified?

**S2_HYPERTHY_OTH**

1. yes ___REF [go to Q5e2]
2. no [go to Q5e2] ___DK [go to Q5e2]

5e1c1. What was this cause? ______________ ___

DK ___REF

5e1c2. How old were you when the doctor first told you that you had this condition?

**S2_HYPERTHY_OTH_AGE**

_________ ___  ___DK ___REF

<0-current age> <<0-97>>

5e1c3. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

**S2_HYPERTHY_OTH_MED**

1. yes ___REF [go to Q5e2]
2. no [go to Q5e2] ___DK [go to Q5e2]

[all responses Go to Q5e2]

5e2. (Were you ever told you had) an underactive thyroid (also called hypothyroidism)?

**S2_HYPOTHY**

1. yes ___REF[go to Q5e3]
2. no [go to Q5e3] ___DK [go to Q5e3]

5e2a. Was this due to thyroiditis, Hashimoto’s disease or autoimmune disease?

**S2_HASHIMOTO**

1. yes ___REF[go to Q5e2b]
2. no [go to Q5e2b] ___DK [go to Q5e2b]
5e2a1. How old were you when the doctor first told you that you had this condition?
S2_HASHIMOTO_AGE

__________

DK __REF

<<0-current age> <<0-97>>

5f2a2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?
S2_HASHIMOTO_MED

1. yes __REF
2. no __DK

[all responses Go to Q5e3]

5e2b. Was there some other cause identified?
S2_HYPOTHY_OTH

1. yes __REF[go to Q5e3]
2. no [go to Q5e3] __DK [go to Q5e3]

5e2b1. What was this cause? ______________
S2_HYPOTHY_OTH_SPC

DK __REF

5e2b2. How old were you when the doctor first told you that you had this condition?
S2_HYPOTHY_OTH_AGE

__________

DK __REF

<<0-current age> <<0-97>>

5e2b3. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?
S2_HYPOTHY_OTH_MED

1. yes __REF
2. no __DK

[all responses Go to Q5e3]

5e3. (Were you ever told you had) an enlarged thyroid, thyroid nodules or Goiter?
S2_GOITER

1. yes __REF [go to Q5e4]
2. no [go to Q5e4] __DK [go to Q5e4]
5e3a. How old were you when the doctor first told you that you had (this /an enlarged thyroid, thyroid nodules or Goiter)?

S2_GOITER_AGE

1. ___________ __DK __REF
   
   <0-current age> <<0-97>>

5e3b. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

S2_GOITER_MED

1. Yes _______ __REF
2. No _______ __DK

[All responses Go to Q5e4]

5e4. (Were you ever told you had) some other thyroid problem?

S2_THYROID_OTH

1. Yes _______ __REF [go to Q5f]
2. No [go to Q5f] _______ __DK [go to Q5f]

5e4a. What was this? ________________ __DK [Go to 5f] __REF [Go to 5f]

S2_THYROID_OTH_SPC

5e4b. How old were you when the doctor first told you that you had this condition?

S2_THYROID_OTH_AGE

___________ __DK __REF

<0-current age> <<0-97>>

5e4c. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

S2_THYROID_OTH_MEDD

1. Yes _______ __REF
2. No _______ __DK

5f. Has a doctor or other health professional ever told you that you had rheumatoid arthritis?

S2_RHEUMATOID

1. Yes _______ __REF [go to Q5g]
2. No [go to Q5g] _______ __DK [go to Q5g]

5f1. How old were you when the doctor first told you that you had (this /rheumatoid arthritis)?

S2_RHEUMATOID_AGE

___________ __DK __REF

<0-current age> <<0-97>>
5f2. Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?
S2_RHEUMATOID_MED 1. yes ___REF
2. no ___DK

5f3. Have you ever had a blood test for rheumatoid arthritis?
S2_RHEUMATOID_TEST 1. yes ___REF[go to Q5f4]
2. no ___DK[go to Q5f4]

5n3a. Was the result negative or positive?
S2_RHEUMATOID_RES 1. negative ___DK
2. positive ___REF

5f4. Have you ever had swelling in your wrist, finger, elbow, or knee joints that lasted for six weeks or more?
S2_RHEUMATOID_SWELL 1. yes ___REF
2. no ___DK

5g. (Has a doctor or other health professional ever told you that you had) endometriosis?
S2_ENDOMETRIOSIS 1. yes ___REF[go to Q5h]
2. no ___DK[go to Q5h]

5g1. How old were you when the doctor first told you that you had (this /endometriosis)?
S2_ENDOMETRIOSIS_AGE _________ ___DK ___REF
<18-current age> <<0-97>>

5h. (Has a doctor or other health professional ever told you that you had) uterine fibroids?
S2_UT_FIBROIDS 1. yes ___REF[go to Q5i]
2. no ___DK[go to Q5i]

5h1. How old were you when the doctor first told you that you had (this /uterine fibroids)?
S2_UT_FIBROIDS_AGE _________ ___DK ___REF
<30-97 & LT or E current age> <<0-97>>

5i. (Has a doctor or other health professional ever told you that you had) benign breast disease (fibroids, cysts, other)?
S2_BREAST_DIS 1. yes ___REF[go to Q5j]
2. no ___DK[go to Q5j]
5i1. How old were you when the doctor first told you that you had (this /benign breast disease)?

S2_BREAST_DIS_AGE

_______  ____DK __REF

<18-current age> <<0-97>>

5j. (Has a doctor or other health professional ever told you that you had) kidney stones?

S2_KIDNEYSTONE

1. yes  ____REF[go to Q5k]
2. no  [go to Q5]  ____DK [go to Q5k]

5j1. How old were you when the doctor first told you that you had (this /kidney stones)?

S2_KIDNEYSTONE_AGE

_______  ____DK __REF

<18-current age> <<0-97>>

5k. (Has a doctor or other health professional ever told you that you had) kidney disease or kidney failure?

S2_KIDNEYFAIL

1. yes  ____REF[go to Q5l]
2. no  [go to Q5]  ____DK [go to Q5l]

5k1. How old were you when the doctor first told you that you had (this /kidney disease or kidney failure)?

S2_KIDNEYFAIL_AGE

_______  ____DK __REF

<0-current age> <<0-97>>

5l. (Has a doctor or other health professional ever told you that you had) scleroderma or systemic sclerosis?

S2_SCLERODERMA

1. yes  ____REF[go to Q5m]
2. no  [go to Q5]  ____DK [go to Q5m]

5l1. How old were you when the doctor first told you that you had (this /scleroderma or systemic sclerosis)?

S2_SCLERODERMA_AGE

_______  ____DK __REF

<0-current age> <<0-97>>

5l2. Have you ever had thickening or tightening of the skin on your arms, legs, face, neck or trunk?

S2_SCLERODERMA_LGSKN

1. yes  ____REF
2. no  ____DK
513. Have you ever had thickening or tightening of the skin on your fingers or toes?
S2_SCLERODERMA_TOSKN 1. yes ___REF
2. no ___DK

5m. (Has a doctor or other health professional ever told you that you had) lupus (SLE)?
S2_LUPUS 1. yes ___REF[go to Q5n]
2. no [go to Q5n] ___DK [go to Q5n]

5m1. How old were you when the doctor first told you that you had (this /lupus)?
S2_LUPUS_AGE _______ ___DK ___REF
<0-current age> <<0-97>>

5m2. Have you had an antinuclear antibody, ANA, FANA, or LE prep blood test for lupus?
S2_LUPUS_TEST 1. yes ___REF
2. no ___DK

5m3. Have you ever had a rash on your cheeks for more than a month?
S2_LUPUS_RASH 1. yes ___REF
2. no ___DK

5n. (Has a doctor or other health professional ever told you that you had) sjogren’s disease?
S2_SJOGREN 1. yes ___REF[go to Q5o]
2. no [go to Q5o] ___DK [go to Q5o]

5n1. How old were you when the doctor first told you that you had (this /sjogren’s disease)?
S2_SJOGREN_AGE _____________ ___DK ___REF
<18-current age> <<0-97>>

5o. (Has a doctor or other health professional ever told you that you had) inflammatory bowel disease such as Crohn’s disease or ulcerative colitis?
S2_CROHN 1. yes ___REF[go to Q5p]
2. no [go to Q5p] ___DK [go to Q5p]
5o1. How old were you when the doctor first told you that you had (this /inflammatory bowel disease such as Crohn’s disease or ulcerative colitis)?

S2_CROHN_AGE

__________ ___DK ___REF

<18-current age> <<0-97>>

5p. (Has a doctor or other health professional ever told you that you had) myasthenia gravis?

S2_MYASTHENIA

1. yes ___REF [go to Q5q]
2. no [go to Q5] ___DK [go to Q5q]

5p1. How old were you when the doctor first told you that you had (this /myasthenia gravis)?

S2_MYASTHENIA_AGE

__________ ___DK ___REF

<18-current age> <<0-97>>

5q. (Has a doctor or other health professional ever told you that you had) vitiligo resulting in a loss of pigment on the skin?

S2_VITILIGO

1. yes ___REF [go to Q5r]
2. no [go to Q5r] ___DK [go to Q5r]

5q1. How old were you when the doctor first told you that you had (this /vitiligo)?

S2_VITILIGO_AGE

__________ ___DK ___REF

<0-current age> <<0-97>>

5r. (Has a doctor or other health professional ever told you that you had) eczema?

S2(ECZEMA)

1. yes ___REF [go to Q5s]
2. no [go to Q5s] ___DK [go to Q5s]

5r1. How old were you when the doctor first told you that you had (this /eczema)?

S2(ECZEMA_AGE)

__________ ___DK ___REF

<0-current age> <<0-97>>

5s. (Has a doctor or other health professional ever told you that you had) psoriasis?

S2_PSORIASIS

1. yes ___REF [go to Q5t]
2. no [go to Q5t] ___DK [go to Q5t]
5s1. How old were you when the doctor first told you that you had (this / psoriasis)?
S2_PSORIASIS_AGE ____________ _DK __REF
<0-current age> <<0-97>>

5t. (Has a doctor or other health professional ever told you that you had) an allergy to bees, wasps or other insects?
S2_ALLERGY_BEE 1. yes ___REF [go to Q5u]
2. no [go to Q5u] __DK [go to Q5u]

5t1. How old were you when the doctor first told you that you had (this / an allergy to bees, wasps or other insects)?
S2_ALLERGY_BEE_AGE ____________ _DK __REF
<0-current age> <<0-97>>

The following questions are about injuries and neurologic problems.

5u. Have you ever had a head injury that required medical attention?
S2_INJURY_HEAD 1. yes ___REF [go to Q5v]
2. no [go to Q5v] __DK [go to Q5v]

5u1. Were you knocked unconscious?
S2_INJURY_HEAD_KO 1. yes ___REF
2. no __DK

5v. Have you ever had a neck, back, or spinal cord injury that required medical attention?
S2_INJURY_SPINE 1. yes ___REF
2. no __DK

5w. Have you ever had post-polio syndrome, a leg injury, or some other problem that makes it difficult for you to walk?
S2_INJURY_LEG 1. yes ___REF
2. no __DK

5x. (Has a doctor or other health professional ever told you that you had) epilepsy?
S2_EPILEPSY 1. yes ___REF [go to Q5y]
2. no [go to Q5y] __DK [go to Q5y]
5x1. How old were you when the doctor first told you that you had (this /epilepsy)?
S2_EPILEPSY_AGE
_______ ___DK ___REF
<0-current age> <<0-97>>

5x2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?
S2_EPILEPSY_TRT
1. yes ___REF
2. no ___DK

5y. (Has a doctor or other health professional ever told you that you had) ALS (amyotrophic lateral sclerosis), moter neuron disease, or Lou Gehrig’s disease?
S2_ALS
1. yes ___REF[go to Q5z]
2. no [go to Q5z] ___DK [go to Q5z]

5y1. How old were you when the doctor first told you that you had (this /ALS)?
S2_ALS_AGE
_______ ___DK ___REF
<40-current age> <<0-97>>

5z. (Has a doctor or other health professional ever told you that you had) multiple sclerosis?
S2_MS
1. yes ___REF[go to Q5aa]
2. no [go to Q5aa] ___DK [go to Q5aa]

5z1. How old were you when the doctor first told you that you had (this /multiple sclerosis)?
S2_MS_AGE
_______ ___DK ___REF
<18-current age> <<0-97>>

5aa. (Has a doctor or other health professional ever told you that you had) Parkinson’s disease?
S2_PARKINSON
1. yes ___REF[go to Q5bb]
2. no [go to Q5bb] ___DK [go to Q5bb]

5aa1. How old were you when the doctor first told you that you had (this / Parkinson’s disease)?
S2_PARKINSON_AGE
_______ ___DK ___REF
<40-current age> <<0-97>>
5aa2. Have you ever taken Sinemet, Atamet, L-dopa, Atamet, L-dopa, Mirapex, pramipexole, Requip, ropinirole, Permax, or pergolide for Parkinson’s Disease?

S2_PARKINSON_MED
1. yes ___REF [go to Q5aa3]
2. no [go to Q5aa3] ___DK

5aa2a. Did your symptoms improve?

S2_PARKINSON_IMPR
1. yes ___REF
2. no ___DK

5aa3. Do your Parkinson’s disease symptoms seem to be worse:

S2_PARKINSON_SIDE
READ RESPONSES
1. On the right side of your body ___REF
2. On your left side ___DK
3. No difference between sides
[ALL RESPONSES go to Q6]

5bb. Do you shuffle your feet or take tiny steps when you walk?

S2_PARK_STEP
1. yes ___REF
2. no ___DK

5cc. Do you move more slowly than other people your age?

S2_PARK_SLOW
1. yes ___REF
2. no ___DK

5dd. Do your arms or legs shake?

S2_PARK_LEGS_SHAKE
1. yes ___REF [go to Q5ff]
2. no [go to Q5ff] ___DK

5ee. Do your hands shake?

S2_PARK_HAND_SHAKE
1. yes ___REF [go to Q5ff]
2. no [go to Q5ff] ___DK

5ee1. Is this worse when you are doing something using your hands or at rest?

S2_PARK_HAND_WORSE
1. during use ___REF
2. at rest ___DK
3. no, the same
Follow-up Female C - 17

5ff. Have you been told by a health professional that you have a tremor such as essential, familial, or benign tremor?

- S2_PARK_TREMOR
  1. yes ___REF
  2. no ___DK

5gg. Do you have a problem with your balance?

- S2_PARK_BALANCE
  1. yes ___REF[go to Q5hh]
  2. no [go to Q5hh] ___DK [go to Q5hh]

5gg1. Do you sometimes fall because your balance is poor?

- S2_PARK_FALL
  1. yes ___REF
  2. no ___DK

5hh. Is your handwriting smaller than it once was?

- S2_PARK_WRITE
  1. yes ___REF
  2. no ___DK

5ii. Do people tell you that your voice is softer than it once was?

- S2_PARK_VOICE
  1. yes ___REF
  2. no ___DK

Now I am going to ask you some questions about your vision.

6. Are you blind in either eye or in both eyes?

- S2_BLIND
  1. Yes, one eye
  2. Yes, both eyes <CHECK TO MAKE SURE INTERVIEWER DIDN’T MEAN TO ENTER NO> [Go to Q6b]
  3. No ___DK
     ___Ref

6a. Do you wear glasses to help correct nearsightedness (difficulty with distance vision) or farsightedness (difficulty with reading or other close vision) or both?

- S2_GLASSES
  1. No ___DK
  2. Yes, for nearsightedness [Go to Q6a2] ___REF
  3. Yes, for farsightedness [Go to Q6b] ___Ref
  4. Yes, for both [Go to Q6a2]
  5. Yes, for other reasons [Go to Q6a2]
6a1. Do you wear reading glasses?
S2_GLASSES_READING  1. yes __REF
                       2. no  __DK
               [all responses Go to Q6b]

6a2. Do you wear bifocals?
S2_GLASSES_BIFOCAL  1. yes __REF
                       2. no  __DK

6b. Has an eye doctor or other health practitioner ever told you that you have cataracts?
S2_CATARACTS  1. yes __REF[go to Q6c]
                2. no   ___DK [go to Q6c]

6b1. How old were you when this condition was first diagnosed?
S2_CATARACTS_AGE  _______ ___DK ___REF
                   <18-current age> <<0-97>>

6b2. Were you given any treatment for this condition?
S2_CATARACTS_MED  1. yes __REF
                    2. no  __DK

6c. (Has an eye doctor or other health practitioner ever told you that you have) glaucoma?
S2_GLACUOMA  1. yes __REF[go to Q6d]
                2. no   [go to Q6d] ___DK [go to Q6d]

6c1. How old were you when this condition was first diagnosed?
S2_GLACUOMA_AGE  _______ ___DK ___REF
                   <18-current age> <<0-97>>

6c2. Were you given any treatment for this condition?
S2_GLACUOMA_MED  1. yes __REF
                    2. no  __DK
Follow-up Female C - 19

6d. (Has an eye doctor or other health practitioner ever told you that you have) a detached retina?
   S2_DET_RETINA
     1. yes ___REF [go to Q6e]
     2. no [go to Q6e] ___DK [go to Q6e]

   6d1. How old were you when this condition was first diagnosed?
       S2_DET_RETINA_AGE
       ________ ___DK ___REF
       <0-current age> <<0-97>>

   6d2. Were you given any treatment for this condition?
       S2_DET_RETINA_MED
       1. yes ___REF
       2. no ___DK

6e. (Has an eye doctor or other health practitioner ever told you that you have) retinal or macular degeneration?
   S2_MACULAR_DEG
     1. yes ___REF [go to Q7]
     2. no [go to Q7] ___DK [go to Q7]

   6e1. How old were you when this condition was first diagnosed?
       S2_MACULAR_DEG_AGE
       ________ ___DK ___REF
       <30-97 & LT or E current age> <<0-97>>

   6e2. Were you given any treatment for this condition?
       S2_MACULAR_DEG_MED
       1. yes ___REF
       2. no ___DK

An important part of women’s health is their reproductive history. The following questions are about your menstrual cycles and reproductive history.

7. How old were you when you started having menstrual periods?
   S2_BEGPER
   ________ years old ___DK ___REF
   <9-16> <<7-20>>

8. Have you gone through menopause (the change of life) or had surgery that caused you to completely stop having menstrual periods?
   S2_MENOPAUSE
     1. yes [go to Q9] ___REF
     2. no ___DK
8a. What date did your most recent menstrual period begin?

S2_LMPDATE

___/___/_____ ___DK ___REF
MM DD YYYY

<verify if more than 42 days prior to today’s date>

IF MORE THAN 2 DAYS AGO:

8a1. Are you pretty sure of this date, or is it an estimate?

S2_LMPSURE

1. Sure ___REF
2. Estimate ___DK

[If answer to Q8a is more than six weeks, Go to Q8c]

8b. During the past 12 months, did you ever go for 6 weeks or more without a menstrual period? (Do not count times when you were pregnant, breast feeding, or using birth control pills)

S2_LMP_6MO

1. yes ___REF
2. no ___DK

8c. Have you ever had hot flashes or night sweats that you think might be related to menopause?

S2_HOT_FLASH

1. yes [go to Q8d] ___REF
2. no [go to Q8d] ___DK

8c1. How old were you when they first occurred?

S2_HOT_FLASH_AGE

_______ years old ___DK ___REF

<30-97 and less than or equal to current age> <<0-97>>

8c2. How often have you had hot flashes or night sweats in the last month?

S2_HOT_FLASH_OFTEN

_______ times ___DK ___REF

<<0-97>>

8d. Have you ever taken birth control pills for any reason?

S2_BC_PILLS

1. yes [go to Q8e] ___REF
2. no [go to Q8e] ___DK
8d1. Not counting time when you stopped, for how many years altogether did you take birth control pills?
S2_BC_PILLS_YRS
_______ years
<1-current age> <=<1-97>>
___DK ___REF

8d2. Are you currently taking birth control pills?
BIRTH CONTROL PILLS CAN BE TAKEN FOR ANY REASON - NOT JUST BIRTH CONTROL
S2_BC_PILLS_NOW
1. yes
2. no
___REF
___DK

8e. Have you ever taken Premarin, estrogen, or other hormone replacement therapy like Provera?
Include pills and patches.
S2_HRT
1. yes
2. no
___REF [go to Q14]
___DK [go to Q14]

8e1. How many years altogether did you take hormone replacement therapy?
S2_HRT_YRS
_______ years
<0-current age> <=<0-97>>
___DK ___REF

8e2. During any of those years were you taking estrogen and progesterone together for all or part of the month?
S2_HRT_EP
1. yes
2. no [go to Q8e3]
___REF [go to Q8e3]
___DK [go to Q8e3]

8e21. How many years altogether did you take both estrogen and progesterone?
S2_HRT_EP_YRS
_______ years
___DK ___REF

8e3. Are you currently taking hormone replacement therapy?
HORMONE REPLACEMENT IS NOT JUST FOR WOMEN WHO HAVE COMPLETED MENOPAUSE
S2_HRT_NOW
1. yes
2. no
___REF
___DK

[ALL RESPONSES Go to Q14]
9. How old were you when you had your last menstrual period?
S2_LMPAGE

________ years ___DK ___REF

<40-97 and less than or equal to current age>  <<0-97>>

[Go to Q10 unless, AGE GIVEN IS ONE YEAR LESS THAN CURRENT AGE (e.g. if current age is 50 and answer to 9 is 49):

9a. Did your last period come more than a year ago, or was it within the last 12 months?
S2_LMP_1YRAGO

1. More than a year ago ___REF
2. Within the last 12 months ___DK

10. Did you have surgery or some treatment that led to menopause?
S2_MENO_SURGERY

1. yes ___REF[go to Q11]
2. no [go to Q11] ___DK [go to Q11]

10a. Did you have:
S2_MENO_TREAT

1. Hysterectomy with uterus and both ovaries removed?[go to Q11]
2. Uterus and only one ovary removed?[go to Q11]
3. Just uterus removed?[go to Q11]
4. Only ovaries removed?[go to Q11]
5. Surgery but don’t know what type?[go to Q11]
6. Radiation or chemotherapy?[go to Q11]
7. Other-specify
___REF [go to Q11]
___DK [go to Q11]

16a. What type of surgery did you have?
S2_MENO_TREAT_SPC

________ (specify) ___DK ___REF

11. Have you ever taken birth control pills for any reason?
S2_BC_PILLS

1. yes ___REF[go to Q12]
2. no [go to Q12] ___DK [go to Q12]
11a. Not counting time when you stopped, how many years altogether did you take birth control pills?

S2_BC_PILLS_YRS

_______ years ___DK ___REF

<1-current age> <<1-97>>

12. Have you ever taken Premarin, estrogen, or other hormone replacement therapy like Provera? Include pills and patches.

S2_HRT

1. yes ___REF [go to Q13]
2. no [go to Q13] ___DK [go to Q13]

12a. How many years altogether have you taken hormone replacement therapy?

S2_HRT_YRS

_______ years ___DK ___REF

<0-current age> <<0-97>>

12b. During any of those years were you taking estrogen and progesterone together for all or part of the month?

S2_HRT_EP

1. yes ___REF [go to Q13]
2. no [go to Q13] ___DK [go to Q13]

12b1. How many years altogether did you take both estrogen and progesterone?

S2_HRT_EP_YRS

_______ years ___DK ___REF

[If Q11 and Q12 = No, DK or Ref, Go to Q15]

13. Were you taking birth control pills or estrogen replacement therapy at the time of your last menstrual period?

S2_BC_HRT_LMP

1. yes [go to Q15] ___REF [go to Q15]
2. no [go to Q15] ___DK [go to Q15]

The following questions ask about pregnancy.

14. Have you ever been pregnant? Please consider all pregnancies, including a current pregnancy and those that were lost.

S2_PREGNANT_EVER

1. yes ___REF [go to Q21]
2. no [go to Q21] ___DK [go to Q21]
14a. How many times have you been pregnant?
S2_PREGNANT_TIMES
_______ times ___DK ___REF
<1-5> <<1-97>>

14b. How old were you the first time you became pregnant?
S2_FIRST_PREG_AGE
_______ years ___DK ___REF

14c. Are you currently pregnant?
S2_PREGNANT_NOW
1. yes ___REF[go to Q16]
2. no [go to Q16] ___DK [go to Q16]

14c1. When is your baby due?
S2_PREGNANCY_DUE
___/___/_____
MM DD YYYY

[If Q14c=yes, and Q14a=1, Go to Q21; otherwise GO to Q16]

The following questions ask about pregnancy.

15. Have you ever been pregnant? Please consider all pregnancies, including any that were lost.
S2_PREGNANT_EVER
1. yes ___REF[go to Q21]
2. no [go to Q21] ___DK [go to Q21]

15a. How many times have you been pregnant?
S2_PREGNANT_TIMES
_______ times ___DK ___REF
<1-5> <<1-97>>
15b. How old were you the first time you became pregnant?
S2_FIRST_PREG_AGE
_______ years  ___DK ___REF
<1-current age> <<1-97>>

16. How many children (live and still births) have you had? Please include all children even if they are no longer alive.
S2_TOTAL_BIRTHS
_______ children  ___DK ___REF
[If Q16=zero, Go to Q21]

17. How old were you when you first delivered a baby?
S2_FIRST_BIRTH_AGE
_______ (fill in)  ___DK ___REF
<1-current age> <<1-97>>
[If Q14c = Yes , Go to Q19]
[If Q16=1 , Go to Q19]

18. How old were you when your youngest child was born?
S2_LAST_BIRTH_AGE
_______ years  ___DK ___REF
<Q18age>Q17age> <<1-97>>

[Allow as many spaces for names as number of children in Q16 up to a maximum of 15]

Q19. What are the names of your children age 18 and under? (First, middle and last)
IF NO CHILDREN UNDER AGE 18, LEAVE BLANK AND PRESS ENTER. AFTER LAST NAME, LEAVE BLANK AND PRESS ENTER.
______________________________  ___DK ___REF

[Ask for each name in Q19]
Q20. What is (auto fill in of name) date of birth?
S2_CBDATE** (01..15)
/ /
MM DD YYYY
<<date type>>

21. Last year, how many children did you have living with you that were under the age of 18 (include stepchildren, adopted children, grandchidren and those who have died)?
A2_KIDS_LAST_YR16 (version 1 only used age 16 instead of age 18) A2_KIDS_LAST_YR18 (later versions)
(fill in)
<0-97>
[If Q21= 0, DK or Ref, GO TO END OF MODULE]

22. Since (year of enrollment), have any of THOSE children, under the age of 18 that were living in your household, had any incidents with fertilizers, herbicides, or other pesticides that caused them an unusually high personal exposure (include stepchildren, adopted children, grandchildren and those who have died)?
A2_KIDS_EXPOSE16 (version 1 only used age 16 instead of age 18) A2_KIDS_EXPOSE18 (later versions)
1. yes ___REF [GO TO END OF MODULE]
2. no [GO TO END OF MODULE] ___DK [GO TO END OF MODULE]

22a. How many of these exposure incidents were there altogether?
S2_KIDS_NUMEXP
(fill in)
<<1-97>>

22b. How many children were involved?
S2_KIDS_INVOLVED
(fill in)
<<1-97>>

22c. Were any of the incidents during the last 12 months?
S2_KIDS_EXP1YR
1. yes ___REF [GO TO END OF MODULE]
2. no [GO TO END OF MODULE] ___DK [GO TO END OF MODULE]
Thinking about the most recent incident that occurred this year:

23. Did this incident occur:
   S2_KIDS_INCIDENT READ RESPONSES
   1. In the fields [GO TO Q24] ___REF
   2. In the home [GO TO Q24] ___DK
   3. Another place

23a. Where was this? _______(specify) ___DK ___REF
   S2_KIDS_EXPPLACE

24. What was the name of the chemical the child (children) was (were) exposed to?
   S2_KIDS_EXPCHEM
   TYPE PESTICIDE NAME, THEN CHOOSE FROM LIST BY ENTERING. SELECT ONLY ONE PESTICIDE. IF MORE THAN ONE, MAKE REMARK. IF FERTILIZER, SELECT “OTHER”.

___________________________ ___DK ___REF
[Insert pesticide list]

[At Q24, if “Other” is NOT selected, GO to Q24A]

24B. What was this? ___________________ ___DK ___REF
   S2_KIDS_EXPOTH

24A. What is the name of the child involved(or the child that had the most symptoms)?

____________________(fill in first, middle and last name) ___DK ___REF

25. Was (were) the child (children) performing farming activities when the incident occurred?
   S2_KIDS_EXPFARM
   1. yes ___REF
   2. no ___DK

[Go to Decision Box before Q12 in Pesticide Module]